

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107563818

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | ✓ | | | | | |
| 2 | ✓ | | | | | |
| 3 | ✓ | | | | | |
| 4 | ✓ | | | | | |
| 5 | ✓ | | | | | |
| 6 | ✓ | | | | | |
| 7 | ✓ | | | | | |
| 8 | ✓ | | | | | |
| 9 | ✓ | | | | | |
| 10 | ✓ | | | | | |
| 11 | ✓ | | | | | |
| 12 | ✓ | | | | | |
| 13 | ✓ | | | | | |
| 14 | ✓ | | | | | |
| 15 | ✓ | | | | | |
| 16 | ✓ | | | | | |
| 17 | ✓ | | | | | |
| 18 | ✓ | | | | | |
| 19 | ✓ | | | | | |
| 20 | ✓ | | | | | |
| 21 | ✓ | | | | | |
| 22 | ✓ | | | | | |
| 23 | ✓ | | | | | |
| 24 | ✓ | | | | | |
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| 27 | ✓ | | | | | |
| 28 | ✓ | | | | | |
| 29 | ✓ | | | | | |
| 30 | ✓ | | | | | |
| 31 | ✓ | | | | | |
| 32 | ✓ | | | | | |
| 33 | ✓ | | | | | |
| 34 | ✓ | | | | | |
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| 36 | ✓ | | | | | |
| 37 | ✓ | | | | | |
| 38 | ✓ | | | | | |
| 39 | ✓ | | | | | |
| 40 | ✓ | | | | | |
| 41 | ✓ | | | | | |
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| 43 | ✓ | | | | | |
| 44 | ✓ | | | | | |
| 45 | ✓ | | | | | |
| 46 | ✓ | | | | | |
| 47 | ✓ | | | | | |
| 48 | ✓ | | | | | |
| 49 | ✓ | | | | | |
| 50 | ✓ | | | | | |
| TOTAL IND. | 5 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 17 | ← | | ← | | ← |
| TOTAL CLAIMS | 22 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |